PTO/SB/08A (10-01)
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Under the Paperwork Reduction persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449A/PTO **Application Number** 09/842,787 INFORMATION DISCLOSURE Filing Date 04/27/2001 STATEMENT BY APPLICANT First Named Inventor BARKAI, SHARON **Group Art Unit** 2163 2005

(use as many sheets as necessary)

**Examiner Name** Sheet of Attorney Docket Number 1069-US

			U.S. PA1	TENT DOCUMENTS			
		U.S. Patent Document	Publication Date	Name of Patentee		Pagas, Columns, Lines,	
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Complete if Known **Application Number** 09/842,787 04/27/2001 **Filing Date** BARKAI, SHARON First Named Inventor <del>2163</del> 705 Group Art Unit **Examiner Name** 

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Attorney Docket Number Sheet of 1 1069-US

			U.S. PAT	ENT DOCUMENTS	
Examiner Initials*	Cite No.	U.S. Patent Document  Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Cotumns, Lines, Where Relevani Passages or Relevant Figures Appear
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